



Republic of the Philippines
Province of Negros Occidental
City of San Carlos
OFFICE OF THE CITY MAYOR



BUSINESS PERMIT & LICENSING OFFICE

Telefax No. (034) 312-6928

SAFETY SEAL CERTIFICATION CHECKLIST

Control No. _____
Name of Establishment _____
Nature of Establishment _____
Address _____
Name of Person in Charge _____
Contact Details: _____

Instruction: () Check the appropriate box (Yes/No), if the following requirements is provided:

	REQUIREMENTS	MOVs to be Prepared	Yes	No	N/A	Reason why N/A
1	Valid Business Permit/Mayor's Permit	Copy of Business Permit/ Mayor's Permit				
2	Use of StaySafe.ph or any contact tracing tool integrated with the same. Please specify other contact tracing tool. (_____)	StaySafe QR Code, If implementing own CT app, IA will verify DILG CO if its integrated with StaySafe. Use of manual CT may be considered at the moment.				
3	Availability of temperature or thermal scanner (e.g thermo gun) to assess employees, clients and visitors	Photo of the entrance w/ thermal Scanner temperature checking				
4	Availability of health declaration sheet for employees clients.	NA if thereis an online CT. if no CT, a photo of form required to be filled up by employees and clients.				
5	Availability of isolation area for identified symptomatic employees.	Photo of the designated are Internal Memo designating the same(if any)				
6	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous.	Photo the conspicuous area with COVID-19 Emergency Hotlines				
7	Availability of handwashing stations with soap, sanitizers and hand drying equipment or supplies for employees and clients/visitors in	Photo of handwashing stations/ sanitizers used by the office				
8	Installed physical barriers in enclosed areas to maintain social distancing(blocking off chairs, markers, stickers on the floor for spacing)	Photo office Setup with physical barriers, markers of floor stickers to help maintain social distancing				
9	Availability of personnel-in charge for monitoring and maintaining social distancing and ensuring the compliances of clients/visitors/employees to	Memo-Designation of Personnel-in-Charge of monitoring and maintaining social distancing and of ensuring the compliance of clients/visitors/ employees to health protocols.				
10	Availability of windows for adequate air exchange in enclosed (indoor) areas as cited in DOLE Department Order No. 224-21 or the Guidelines on Ventilation for Workplace and Public Transport to Prevent and Control the Spread of COVID-19.	Photo of air purifier in the office (if available) or, Photo of Proper Air ventilation of the office				

11	Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 0157-A or the "Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19. Conducts regular (at least twice a week) cleaning and disinfection in the establishment in compliance to the Cleaning and Disinfection of Environmental Surfaces in the Context of COVID-19 by the World Health Org.	Memo re Conduct of Regular Disinfection Protocol Sample photo of office disinfection				
12	Personnel, employees, clients and visitors always wear facemask & face shields especially in enclosed places.	Memo for Employees Photo signages reminder to wear facemask and faceshields.				
13	Established referral system for medical and psychosocial services	social services documented referral system for medical and psychosocial services				
14	Availability of designated Safety Officer w/ the following function a.) coordinate with the appropriate bodies for support and referral to community based isolation facilities for confirmed cases with mild symptoms, and to health facilities for severe and critical care. b.) undertake contact tracing or coordinate the conduct thereof; and c.) monitor status of employees quarantined or isolated d.) implement return to work policies.	Memo specifying the names of the safety officers				
15	Availability of storage facility for proper collection, treatment, & disposal of used facemask and other infectious waste.	Photo of the disposal facility/mechanism for infectious waste				

I hereby certify that the facts stated herein are true and correct of my own personal knowledge and any misrepresentation subjects me to criminal liability.

Name and Signature of Person in Charge/ Date

FOR ONSITE VALIDATION / INSPECTION

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:

RECOMMENDATIONS:

Name and Signature of Safety Seal Inspector/ Date